

Responding to sexual assault in rural communities

Alexandra Neame and Melanie Heenan

Many of the problems faced by rural communities in responding to sexual assault mirror those that confront victims and service providers who live in cities. However, issues of isolation, the levels of rural conservatism, and the denial of sexual assault within rural communities remains distinct. Rural women continue to suffer the impact of sexual assault in ways that uniquely compromise their capacity to remain anonymous, their right to access culturally appropriate services, and their rights to seek a police and/or a legal response.

A key concern for the violence against women field is how to ensure that the needs of women living in rural and remote areas are adequately met. This Briefing Paper will primarily review the existing literature that deals with sexual assault and service provision outside metropolitan areas and take account of some of the contemporary issues that women and workers often need to negotiate through living in contexts of “rurality”. The paper is also supplemented by some small-scale survey research undertaken by the Australian Centre for the Study of Sexual Assault (ACSSA) with a selection of service providers to explore, first hand, some of the factors that currently impact on service delivery at this time.¹ While the research cannot provide any generalised account of “the rural experience” in Australia, the survey responses drawn on throughout the body of this paper, provide some rich impressions of what workers see as some of the key issues and concerns they manage as a result of being situated in isolated, remote or regional centres.²

Accordingly, this paper is structured around four main themes that often figure in the literature on issues relating to sexual assault or violence against women in rural contexts.

The first section acknowledges the difficulty of adequately defining and describing what is meant when we talk about “rural” communities in Australia. We also consider how demographic characteristics, economic and occupational dimensions and socio-cultural factors can contribute to producing specific rural conditions that not only impact on women’s experiences following a sexual assault, but also underpin the cultural contexts in which service responses must operate.

The second section uses a variety of sources to discuss the rates of sexual assault incidence and prevalence, and reviews the debate over whether real differences exist between rates of sexual violence in urban versus rural areas. Given the notorious difficulties in reliably estimating the incidence of sexual assault, it is also important to attend to the unique barriers faced by rural women in considering whether to disclose or report sexual assault to police, or to attempt to access support services.



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Contents

Introduction	1
Describing “Rural Australia”	2
Incidence of sexual assault in rural Australia	8
Barriers to disclosing and reporting	11
Issues faced by rural service providers	16
Differences in degree . . . or kind?	19
Endnotes	20
References	21

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The additional burden faced by rural women accessing counselling and medical support, or in pursuing a criminal justice response, is the subject of section three.

Finally, the paper considers the diverse challenges that services and workers face in a variety of non-metropolitan contexts. These challenges are *practical* (the increased cost of service provision), *organisational* (the complexity of practice relationships in a small community), and *philosophical* (the capacity of feminist practice models to address the cultural uniqueness of rural life).

Describing “Rural Australia”

Australia has strong attachments – historically, economically, and symbolically – to areas outside of capital cities, and the communities, people and practices that we identify with “Rural Australia”. Romanticised images of the “rural idyll” – a small-scale, naturally bonded, cohesive and caring community – are strong in our national mythology (Allen 2003; Hogg and Carrington 1998; Macklin 1995). However, the ways in which city dwellers talk about rural spaces may well reflect more the musings and impressions of those city dwellers than any informed or direct experiences of living in “The Country” (Stehlik 2001). Images of rural Australia are often organised in the popular imagination according to just a few defining features – for example, a farming district with rolling hills, a mining town defined by its industry, or an isolated Aboriginal community.

However, this kind of one-dimensional imagery is clearly at odds with the experiences of workers in rural communities as described in their responses to the ACSSA survey. For example, one worker described considerable diversity across the service area in which she and her team functioned:

“The locality is very much a rural one but with some small beach and fishing communities. Some areas serviced are quite isolated physically, and there are two isolated Aboriginal communities. There is no public transport, and the next major centre is an hour away.”

We therefore need to be careful in establishing what influences or characterises our notions of “Rural Australia”, and in what ways we understand differences in and across rural communities.

Three ways of describing rural characteristics are discussed: demographic and geographical characteristics, economic and occupational dimensions, and socio-cultural factors or influences.

What are some of the ways that geographic isolation, low population density and low accessibility combine to produce specific conditions that impact on sexual assault victims?

Demographic and geographical characteristics

In the most straightforward terms, we often distinguish rurality according to the demographic and geographic dimensions of non-metropolitan Australia (Allen 2003; Lievore 2003). It is primarily through examining population size and geographical distance from industrial epicentres that we arrive at descriptions like “peri-urban”, “regional centre”, “rural”, or “remote” areas. Carcach (2000a) identifies characteristics that tend to define areas that lie outside of capital cities as: geographic isolation; low population density; and issues of accessibility.

These factors combine in different ways in different rural communities. For example, a town located 100 kilometres from a capital city with a very small population may have limited services within the town. The relative proximity to a capital city, that is better serviced, may nevertheless make the town fairly accessible for someone with a car. But a person without a car may find themselves very isolated – even more so than if they lived in a regional centre which, with a bigger population and greater distance from a capital, is more likely to have local services. In other words, population density, geographic isolation and accessibility do not necessarily, or proportionally, always correspond. It is how these elements combine that produces the specific difficulties that individual rural communities might face.

However, the challenges posed by geography might also prompt the development of new ways of approaching the service needs of particular communities. For example, Robyn Mason (2001) has emphasised how strategically important it has been for rural services to build collaborative relationships with local networks to better ensure the successful operation of specialist sexual assault services. Mason describes how working to expand the service offered by the Centre Against Sexual Assault (CASA) in Ballarat (located in Victoria 100 kilometres north-west of Melbourne) to include a 24-hour crisis care response to victims of recent sexual assault, depended on positioning the role of the service within the context of health and other key community service networks to help secure the support and involvement of professionals who might otherwise not have agreed to work in partnership with them. This, she says, has allowed those with substantial influence in the community to become better educated and informed about “what the service stands for” (Mason 2001: 30) and to be assured of the need for a specialist but coordinated service response to sexual assault.

In other states of Australia, regional project workers have also directed attention to building relationships across existing services by offering training and support to other professions such as general practitioners, police, and hospital staff in order to encourage a more coordinated and sensitive response to victims of sexual assault whether or not they choose to make an official report across the service sector.³

It is arguably also due to the smaller size and scope of communities that encouraged services in regional Victoria to carve new ground in terms of coordinating crisis responses to women who experience both domestic violence and sexual assault. Joanne Sheehan, Carla Meurs and Judy Flanagan (2001) have written of how their services are “doing it differently” in rural Victoria by running collaborative service models that offer women a continuum of service delivery.

According to the coordinator of the service in the Mallee region:

“With the services becoming integrated, women could be offered a range of support options regardless of the reason for their initial contact. So they might contact to get support in taking out an intervention order, or need safe accommodation, or counselling support. The point of entry therefore is irrelevant, victims receive a continuity of service regardless of whether the issue is crisis oriented, or about obtaining information, court support, seeking an intervention order, or sexual assault – the services are provided. If a woman identifies sexual violence in the context of DV [domestic violence], she would be referred to the sexual assault arm of the service in terms of counselling support. If a woman has recently been sexually assaulted by her partner and is receiving crisis care, the sexual assault worker would respond first, then a worker from the DV arm would offer support where it concerned other issues.”

According to Sheehan, Meurs and Flanagan (2001), the power of this model lies in developing a strong service system that offers continuity for women living in rural communities and a greater capacity for the service to co-ordinate a response to the range of needs she might have, including a greater capacity to protect her anonymity.

Economic/occupational dimensions

The economic organisation or dominant industry within particular rural areas may variously impact on the incidence or characteristics of most sexual assaults, the responses to sexual violence, or the kinds of interventions available to victim/survivors following an assault. Women who live in areas dominated by agriculture, for example, are more likely to live on a property some distance from town, and may be less able to access support services than women living in a mining township (Alston 1997). However, women in mining communities may face barriers to disclosure resulting from a portion of the community being dislocated and relatively transient (Sturney 1989).

Specific occupational groups may face particular difficulties. For example, women who are partnered or married to Australian Defence Force personnel, and either move frequently or live in defence townships, have been identified as uniquely isolated when they experience intimate partner violence (WESNET 2000). Other examples provided by workers who responded to the ACSSA survey included tourists and women and children living in alternative communities, which resulted in their facing particular difficulties with disclosure or reporting.

One worker reported:

“The philosophy and lifestyle associated with some alternative communities and associated community organisations creates vulnerabilities for some women and children and complicates intervention where community disbelief that abuse has occurred or identification with and support for the alleged offender undermines the protective stance of significant others.”

Another said:

“The tourist environment, particularly for backpackers, creates particular vulnerabilities arising from the risk-taking associated with their adventurousness as well as the disorientation and reliance on others that occurs in unfamiliar environments.”

Towns that are primarily organised by certain industry, or that appear to serve a particular economic function, may also impact on the characteristics of sexual assaults that come to the attention of services or police in that region. For example, where a highly transient labour force enters the area periodically for short-term work, there may be a higher rate of assaults perpetrated by strangers. Coastal areas with strong tourism industries may have particular patterns of assault – very high levels of assaults over the weekend that involve high alcohol consumption, for instance. Interestingly, the sexual assault service for the Whitsunday Islands, in Queensland, was one of the first services to embark upon a drink spiking awareness campaign. Similarly, the Sexual Assault Support Service on the Gold Coast in Queensland, where thousands of school-leavers gather to hold their end of year celebrations, produces strong awareness and prevention campaigns directed at young people. Indeed, the challenges faced by workers in their attempts to target particular communities may result in services becoming particularly resourceful in their approach and practice.

As one service commented:

“I think smaller regions also can offer really innovative ideas on how to do things more creatively. We’re willing to try different things.”

Finally, we need to remain mindful of how economic structures are of themselves gendered – women and men experience the economic life of an area, its opportunities and constraints, differently (Sainsbury 1996; Connell 2000). Research suggests that women’s economic status can have an impact on rates of, and responses to, sexual assault (Krug et al. 2002). In the context of domestic violence, Edwards (1998) points to evidence that suggests that women living in rural communities find it harder to leave a violent relationship than women living in metropolitan regions – 60 per cent of women from remote areas who leave the family home after a violent episode return, compared with 30 per cent nationally. This may in part reflect fewer employment options for rural women and the resultant greater economic dependency they may have on their (violent) male partners (AIHW 1998; Samyia-Coorey 1987).

Social/cultural dimensions

Weisheit, Wells and Falcone (1995) emphasise that “a rural area is not simply a physical space but a social place as well”. Numerous socio-cultural aspects of rural areas have been identified as differentiating a specific “rural culture” from a “city culture”. These include:

- greater social and political conservatism (Kelly 1989; Watkins and Watkins 1984);
- stronger enforcement of gender rules and traditional roles in the family (WESNET 2000; Dempsey 1992);
- a strong belief in the privacy of family matters (Macklin 1995);
- a mythology of mateship among men and reinforced patterns of female subservience (Gibson et al. 1990);
- distrust of “outsiders” and a suspicion of policy solutions “imported” from the city (Dietrich and Mason 1998; Crocker 1996; Lonne 1990; Lynn 1990);
- less anonymity or privacy (Lievore 2003);
- greater levels of surveillance, particularly of women and girls (Hillier and Harrison 1999); and
- strong social controls, operating through informal and “intimate” processes and mechanisms (O’Connor and Gray 1989: 25).

The socio-cultural differences between urban and rural areas have implications both for women's experience of sexual assault, and for service delivery. Women's responses to sexual violence, the range of options that are available to them, and their own capacity to take action after an assault will all be affected by the socio-cultural dynamics of the place in which they live.

To start with, victim/survivors in small communities may be more likely than urban women to experience ongoing contact with the perpetrator, because public space and community relations are likely to be far more localised and intimate than in urban contexts.

Services noted this as a major problem for women in their responses to the ACSSA survey:

"There's more chance of meeting the perpetrator, their family or social network . . ."

"The communities are very close. Everyone knows someone who knows you. Victimisation is alive and well from the time the report is made, as it is almost impossible to be anonymous. It is almost impossible not to see the perpetrator out and about on a very regular basis, or their family and friends."

"Victims feel and *are* very visible . . . over the years, some women have left town – I remember one in particular when a local footballer was acquitted, and the victim felt harassed and vilified . . . history can go back a long way, and I have seen families ostracised over generations."

Relatively speaking, it is also easier for metropolitan women to attempt to re-establish themselves within a new environment. For example, moving suburbs within a capital city can mean changing amenities like shops and schools, but leaves family and work relatively accessible. In a small town, the choice of creating a new life, and remaining anonymous, may not be as available. Leaving the town entirely may be the only way in which a woman can avoid seeing the perpetrator or being the subject of community gossip:

"Metropolitan culture tends to be more isolated at an individual level. People stick to themselves and are more active in choosing who they have in their lives. You can live anonymously if you choose to. I know my face and name is quite well known in the community just from doing court support. This is less strong in a metropolitan area. The survivors face the same difficulty. They will be infamous even though they choose not to be."

For Indigenous women and women from culturally diverse communities, these problems are situated within a far broader, and more structural context where the silence surrounding sexual assault, and the failure to establish adequate services, have been endemic. When Wendy Weeks (2002) chronicled the various approaches of mainstream services in developing more accessible and culturally sensitive service approaches, there were still few services that could illustrate structural change in their service delivery, such as employing Indigenous workers or staff from culturally diverse backgrounds.⁴

Hurriyet Babacan (1999) has also written of how little consideration is given to the types of services and support needs that would best assist women from non-English-speaking backgrounds who are victims of violence. As Babacan suggests, the small numbers of ethnic communities across Australia⁵ have resulted in the

needs of non-English-speaking background people living in rural communities being substantially marginalised. For immigrant women who are victims of violence, the issue of adequate service provision is one of many disincentives they face in accessing support. Representatives from ethno-specific services who participated in consultations arranged by the Victorian Law Reform Commission (2003) suggested that alongside the lack of culturally appropriate responses that women received from services, police, and the courts, they often had to negotiate concerns in relation to residency, the problem of being financially and socially dependent on sponsors, and their fear of being disbelieved or blamed by other members in their communities.

Through the survey of regional, rural and remote services, workers candidly described how little they felt they could offer in the way of ongoing strategies that would produce real changes in terms of access and equity, in the face of continued under-resourcing and under-funding. While most of the services who responded to the ACSSA survey identified links with Aboriginal communities in their regions, very few Indigenous service users attended any of the services. The sole worker at a newly established Indigenous sexual assault unit, while remaining optimistic about the impact the service would have, spoke of the pressures associated with a lone unit being responsible for what remained a huge service need amongst women, children and men in the surrounding Aboriginal communities.

As Weeks suggests, some Indigenous and culturally diverse women may choose to access services outside of their immediate communities to protect their privacy and confidentiality. She therefore urges that mainstream services adopt a “dual strategy” (Weeks 2002: 56) that maximises their capacities to offer culturally diverse and sensitive service responses. In this light, some services wrote of their successes through employing workers from a diverse range of backgrounds whose roles were to forge links with local communities or to deliver education and awareness programs. One service referred to the “stepping stones approach” of increasing awareness of the service through identifying key people in the community, or “cultural brokers” who can provide support for victims to attend. Services noted a strong correlation between these kinds of approaches and the gradually increasing numbers of women from diverse cultural backgrounds accessing the service.

How do we avoid myths and stereotypes about rural areas, while still attending to the specificity of rural culture, and acknowledging differences from urban areas?

While there may well be differences in the rural versus urban experience, it is also important not to overgeneralise the differences, or adopt a universalised account of rural life (Halfacree 1993; Wendt and Cheers 2004). In the context of domestic violence against women and sexual assault, it is especially important not to create a misleading dichotomy in which urban areas are seen as wholly progressive, while rural communities are positioned as uniformly conservative.

Several services cautioned us against a simple stereotyping of “rural culture”:

“While there is some conservatism in attitudes that give rise to ideas of male entitlement and perceive women negatively in terms of traditional myths about women and sexual assault (and this is reflected in local juries), the staff of this Service feel it is hard to identify the extent that this would be accurate, given these attitudes are also present in metropolitan areas.”

“I suppose there is a lot of stereotyping – there are a lot of prominent business types in the community who perpetuate really patriarchal views about women – whereas the perception is that it’s just country people. And then there are pockets within the community of really well informed people who are really progressive. So I suppose the stereotypes don’t allow a broader perspective on the range of people living in smaller communities or take account of the diversity.”

Differences between the city and the country are more likely to be a matter of degree rather than kind. While a sexual double standard may be common in some rural areas, it is also pervasive in cities. According to Lockie and Bourke (2001), the concept of “rurality” emphasises the cultural uniqueness of communities outside metropolitan areas, rather than imposing specific features to forge an abstract idea of “the rural”. The notion of rurality may be more useful as it retains the difference that non-metropolitan areas have from capital cities, but does not attempt to homogenise or stereotype the diversity of various regions and communities.

Incidence of sexual assault in rural Australia

Do differences in incidence and prevalence exist between urban and rural areas? What data sources have information on this issue? How do we identify and address factors that may impact this data?

The incidence and prevalence of sexual assault in rural communities has often been the subject of considerable debate. The difficulty arises primarily because research has so far neglected to reliably distinguish rates of sexual assault by region. While large scale population-based research like the Women’s Safety Survey (ABS 1996) was able to produce national estimates of physical and sexual violence, it could not adequately differentiate incidence by specific region or geographical location.⁶

Ultimately, the sources that aim to provide estimates of the incidence of sexual assault all acknowledge the notoriously high levels of under-reporting. Evidence suggests it may still be fewer than one in ten women who report to police (Coumarelos and Allen 1999).

With this in mind, the following section will briefly review what we do know of the incidence of sexual violence in rural communities, recognising the specific barriers to disclosure and reporting that rural women inevitably face. Mostly, the available data draws on official statistics, such as police reports, that are in fact likely to produce the most conservative estimates.

Recorded sexual assault in Australia

Denise Lievore in her report *Non-reporting and Hidden Recording of Sexual Assault: An International Review* uses police statistics to give a detailed breakdown of rates of reported sexual assault across the various state and territorial jurisdictions using population density as an indicator of whether a region should be considered rural or urban (2003: 73-79). In summary, she reports that:

- In Queensland’s southeast, which is the most urbanised and densely populated area, the rate of sexual assault was generally lower than the state average, while

remote Far North Queensland had by far the highest rate. Statistics from 1996-1997 indicated that Indigenous women in the far north regions were 16-25 times more likely to be sexually assaulted than women (both Indigenous and non-Indigenous) who lived in the remainder of the state. Southern, Central and Northern regions, which have lower population densities and other rural characteristics, also had elevated rates.

- New South Wales had regional rates of sexual assault around four times the average of metropolitan regions.
- In the Northern Territory, with only three very large police regions, the highest rate of assault was in the Northern Region, which encompasses Darwin and the most urbanised areas of the Territory.
- In Victoria, there was no clear differentiation between urban and rural rates of sexual assault – two rural regions had higher, and two lower, rates than metropolitan Melbourne.
- Rates of sexual assault varied across Western Australia, although the Kimberly region's rate of 380 (well over twice the state average of 170) reflects the high levels of victimisation experienced by Indigenous women living in rural and very remote regions.
- A breakdown of sexual assault rates in rural and metropolitan regions was not available for South Australia.
- For the Australian Capital Territory, the prevalence rate of sexual assault reported in the *Crime & Safety Survey 2002* (ABS 2003: 28) is 0.3 per cent of the population, but there is no distinction made with respect to urban versus regional locations.

Studies of rural violence

While some studies (Crime and Safety Survey conducted by the ABS 2002; O'Connor and Gray 1989) find little or no difference in sexual assault reporting rates for urban and rural areas, there remains debate as to whether violent crime, in general, is higher or lower in rural areas (Jobes et al. 2002; Carcach 2000a; Carcach 2000b; Hogg and Carrington 1998). Hogg and Carrington's research into crime in five regions across New South Wales indicated that rates of violent crime in some rural communities were significantly higher than the state average. For example, the Far Western region of New South Wales had a sexual offence rate of 596.9 per 100,000 compared to a collapsed average of 314.0 across all regions in the study (Hogg and Carrington 1998: 164).

The Rural Crime and Safety Survey undertaken in Western Australia found that women living in rural or remote areas reported higher rates of violence than women living in metropolitan regions. Moreover, victimisation rates for women were higher than men's when the rural and remote rates were combined for all nine regions of Western Australia (Crime Research Centre 1998). While the authors were struck by this finding, given that men generally report overall higher victimisation rates of violent crime than women, it seems likely that if attention were given to the relationship between offenders and victims, that a significant proportion of the offences would be accounted for by domestic violence.

Studies of domestic violence and child sexual assault in rural Australia

More localised studies with a focus on domestic violence and child sexual assault can also speak to the issue of sexual assault against adult women, given that they often note the combined forms of violence women experience, particularly at the

hands of intimate partners or family members (Campbell 1989; Coker et al. 2000; Krug et al. 2002).

Mostly, counsellors and researchers agree that there are unique dimensions to women's experiences of domestic violence in rural communities (Alston 1997; Lovell 1996; Coorey 1990). However, the extent to which these can inform our understanding of estimates of the incidence of, or women's experiences of, sexual assault in rural contexts is limited. First, many studies on domestic violence neglect the issue of sexual assault entirely, or are limited in how they address the specific issue of sexual violence by intimate partners (Heenan 2004). Second, the domestic violence literature, where it does make mention of sexual violence, restricts its focus to the context of violence in the home. Sexual assaults by acquaintances, neighbours, friends, and strangers rarely figure. Nonetheless, if research suggests that domestic violence against women is significantly higher in rural areas, then it seems at least likely that sexual assault, *within intimate relationships*, might also occur with higher frequency.

While international studies have varied on this point, there is evidence in Australia to suggest that rates of domestic violence in rural and remote communities are disturbingly high.⁷ National data from the Supported Accommodation and Assistance Programs (SAAP services) collected in 1997-1998 revealed that women living in remote communities who were attempting to obtain intervention or apprehended violence orders, in response to domestic violence, accounted for half the national average (11 per cent compared with 22 per cent). The associated rates of domestic violence estimated by the authors on the basis of women's calls for support during the same period were double for large rural centres and almost five times higher for remote areas when compared with capital cities (WESNET 2000: 4).

For Aboriginal women living in rural communities, the rates of family and domestic violence are chronic. According to Ferrante et al. (1996: 37), Aboriginal women living in remote and regional areas were 45 times more likely to be victims of domestic violence than non-Aboriginal women, and 1.5 times more likely to experience violence in metropolitan areas.

A small number of studies indicate that intra-familial child sexual abuse may also be higher in rural areas. Goldman and Goldman (1988) found elevated rates of incest for girls raised on farms or in communities with populations of less than 5000. Lynn (1990) claimed that Gippsland has a rate of child sex abuse that is two and a half times the Victorian average. Collingridge (1993) also reported an increased rate of incest in rural New South Wales compared to urban areas. A number of services we surveyed independently raised the issue of a high prevalence rate of intra-familial child sexual abuse in rural areas.

Indeed one worker suggested that the stereotypical assumption of rural or remote communities somehow *promoting* incest may well carry some truth, in that there was some evidence of perpetrators actively *selecting* rural locations to offend, in a bid to avoid familial, community and legal intervention:

“Anecdotally, in this community it is felt there may be a higher proportion of intra-familial abuse. Families coming to attention often reside in isolated areas or move between [place omitted] and other rural communities. This isolation may be sought by the offender in the family and also prevents access by non-offending family members to services which might intervene.”

Barriers to disclosure and reporting

While the under-reporting of sexual assault remains endemic to most communities, the factors that weigh against a woman feeling confident or willing to disclose may differ according to where she is situated. For women living in rural communities, the most common barriers to disclosure and reporting concern the absence of specialist victim services, the problem of maintaining confidentiality, and the fear of having to manage a community response that is largely unsympathetic, if not overtly hostile, towards the victim/survivor.

What are some of the barriers to disclosure and reporting faced by women in rural communities? How are these barriers different from those faced by women in urban areas?

Isolation

Greater distances from support services, medical care and police services all impact on whether victims will feel able to disclose and seek counselling support, and whether they will consider reporting to police. While the majority of the services in regional centres surveyed by ACSSA were able to provide a 24-hour emergency response to victims of recent assaults, they also described the difficulties of providing adequate support in the face of limited forensic or medical care being readily available.⁸ Most services also offered follow-up counselling support to victims, including outreach services in certain regions, but spoke of their frustrations at being unable to access women who were particularly isolated through lack of transport or even access to telephones.

All of the services felt hampered by inadequate funding and resources, especially those where either sole-workers or undersized teams providing the only specialist service response to victims of sexual assault in their region:

“Rural people have to rely on social support or the local GP as there are fewer professional services to turn to. If those support people aren’t around they face more isolation. The risk of isolation is greater in rural areas than in metro areas.”

One worker also reminded us of how isolation is not simply a property of the physical environment, but also refers to people’s perceptions of being isolated:

“One of the big issues for us is that each of the ten population areas in our outreach scope are not that far away from other population areas but there are mountains between them that seem to cause a psychological barrier, a perception that they [clients] cannot possibly travel to a nearby location for counselling. Each centre sees that it is particularly isolated and demands services be brought to them.”

Hurriyet Babacan (1999: 239) has described how women from non-English-speaking backgrounds in rural communities also uniquely suffer the effects of isolation that flow from the “lack of culturally relevant support services, breakdown of family networks . . . a lack of child care, and transport difficulties”. In the absence of programs or research that can speak to the nature and extent of immigrant women’s experiences of violence (Victorian Law Reform Commission 2003), mainstream service delivery has been unable, and perhaps ill-equipped, to respond to the needs of different ethnic communities.

Visibility and lack of anonymity

The problem of maintaining anonymity and confidentiality was nominated as the primary barrier to disclosure by every service ACSSA surveyed. The literature describes rural communities as having high levels of “acquaintance density”, meaning that most people have some level of familiarity with most other people in the community. When O’Connor and Gray (1989) interviewed 5 per cent of the population of a small rural town, they found that aggregating these people with their relatives currently living in the district accounted for almost 59 per cent of the local population (cited in Hogg and Carrington 1998). High levels of acquaintance density have been said to lead to both strong informal social controls and increased levels of surveillance, particularly of women and girls (Hillier and Harrison 1999).

For sexual assault victims this translates into a near total lack of anonymity when attempting to access medical, counselling or legal services, and the corresponding fear of services being unable to guarantee confidentiality:

“The big step in coming forward is whom they’re going to know, whom they might run into. In metropolitan regions, women wouldn’t have to face this as much.”

“There are significant issues around confidentiality and privacy. All victims and their families experience some level of concern regarding these issues because of greater visibility in the community when accessing a service.”

“Survivors attending services are recognised by people walking along outside the service. Most things that happen in country towns are known about within hours. Privacy and confidentiality is a huge factor. Some workers in these services could be a relative of the perpetrator or indeed of the survivor, which would make it extremely hard for a survivor to attend the services to seek help. In the country areas the impact of shame is much higher.”

Perceptions of sexual assault

Many commentators suggest that greater conservatism and a deep commitment to maintaining traditional gender roles mean that perceptions of sexual assault, victims and perpetrators can be less progressive than in metropolitan areas (Mason 2001; Ermacora 1998). While many of the services surveyed emphasised the need to maintain a more balanced view in considering how rural communities culturally respond to sexual assault, workers were emphatic that community attitudes were still extremely problematic for both victims and workers, and it was their belief that this constituted a significant urban/rural difference:

“It can be a very patriarchal community here, where having those kinds of attitudes is seen as something to be proud of. People are less concerned with appearing to be remotely politically correct. When people find out where I work . . . they say things like ‘Is that where you go to get it?’ or ‘What do you do there then, because there can’t be much of that’. A GP said to me once that he’d worked here for 25 years, and prior to my coming [to the region] there just hadn’t been any sexual assault.”

“I believe that people within rural settings are unaware of the extent that sexual assaults actually occur. Whereas, I believe, people in metropolitan areas (namely women) are more cautious and aware about sexual assault

and the likelihood of it occurring. I believe in both centres, however, that people tend to view possible assailants as being 'strangers', which in actual fact only accounts for approximately 20 per cent of sexual assaults."

Community insistence that "there's no full-on rape here" (reported by rural police officers to Dietrich and Mason (1998: 9)), is a strong theme in the survey responses, and was also framed as a qualitative difference between rural and metropolitan areas, where the latter was seen to have a greater general awareness of sexual assault:

"A lot of the offences . . . are kept secret and not reported and a lot gets swept under the carpet. There is less impact on the community, as what they don't hear about isn't happening. The metropolitan areas are more proactive in this area as they have marches, seminars, forums and many other activities to be more vocal in informing the community."

An Indigenous worker also described how managing the denial of sexual assault remained a significant tension during the time the service was first being established:

"The 'non-believers' of sexual assault or the perpetrators say we don't need the service as it doesn't happen in the community."

Informal social controls

Ruback and Menard (2001: 134) suggest that "social climate may have the biggest impact on failure to report in rural areas". Many different types of social structures and belief systems can contribute to methods of social control that militate against the social disruption produced by disclosing or reporting sexual assault. Some factors that are frequently mentioned in the literature include a strong emphasis on rural women remaining self-reliant and an implicit injunction against divulging personal problems, or in compromising the sanctity of the family. Family problems accordingly should never become public knowledge.

Similarly, where a woman experiences ongoing sexual or physical violence in a relationship, she may feel significant pressure to try and save the marriage for the sake of the family. A woman from South Australia's Barossa Valley told Wendt and Cheers (2004) that: "The hard working rural background is that you try and try . . . and keep at it against all odds. I was battling against the odds and I wanted to stick it out".

A number of services also noted the rural emphasis on self-reliance in their clients:

"There's less help-seeking in rural culture – more acceptance that it is their lot in life."

Indigenous workers, and those providing services to communities with high Indigenous populations, emphasise the specific dynamics of social and/or cultural controls resulting from close community ties and extended kinship networks:

"The survivors face community shame. Their families are ashamed and don't believe the survivor. The community talks about the survivor – usually saying that they are nothing but a so-and-so and deserved it. Or there's an entrenched belief that it couldn't have happened as they are not injured or their clothes torn. Families break down as some families believe and others don't. The survivor is harassed and tormented by the perpetrator's extended family and friends . . . smaller communities know most people and snicker about it while the survivor is around. This in turn impacts on the survivor and

they stop going out socially, become a hermit – and some contemplate suicide.”

“Cultural issues also impact on the reporting of sexual assaults, as it is considered ‘shame’, not necessarily to *be* sexually assaulted, but to *report* sexual assaults, as this could have implications on the family, the victim or the perpetrator. Indigenous victims of assault, if reported, also face backlash from their communities/relatives, more especially if the perpetrator is also Indigenous.”

“There’s high pressure to recant story in Aboriginal communities, and a very high risk of suicide once they disclose, as they get such a hard time. Upon return to communities, they are very isolated. Children who disclose are sometimes removed from communities and placed in town, sometimes with non-Aboriginal families.”

Mainstream services also acknowledged how little use was made of their services by Indigenous communities. Few Indigenous women saw mainstream services as being able to provide counselling support that would be culturally appropriate, or that would share a consciousness of the particular historical difficulties that impacted on their willingness to report sexual assault to police. Where Indigenous workers were employed, services were moderately more successful in encouraging Indigenous victim/survivors to access support. One worker also noted how more Indigenous women had attended their service after a perpetrator had been convicted in the previous year.

Reporting to police

The barriers victim/survivors face in reporting sexual assault to police in a rural context mirror many of the same fears talked about by victims of physical and sexual violence, regardless of where they are situated (Nicholson 1998; Dietrich and Mason 1998; Knowles 1996; Coorey 1988). Alongside the common concerns about the legal system, the absence of social supports, and the debilitating sense of shame or self-blame often identified by those who have experienced sexual assault, however, are the very real practical problems that are specific to living in rural or isolated communities.

In smaller communities there may only be a part-time police presence, or possibly none at all. In the context of domestic violence, Lovell (1996) and Nicholson (1998) have described sole-worker police having to wait for back up from neighbouring towns before responding to call-outs to an outlying property. In this literature there is also a strong sense that police culture, perceptions of violence against women, and existing relationships between police officers and the perpetrator or the perpetrator’s family make reporting extremely difficult, or can compromise an appropriate police response. While Nicholson (1998) suggests that police attitudes may have improved insofar as sexual assault is concerned, with members being generally more sympathetic to victims of sexual assault than they were to calls to assist victims of domestic violence, where the perpetrator is a current or former partner, or where there is no physical injury to the victim, the police response is still identified by some rural services as problematic (Victorian Law Reform Commission 2003). Lievore (2003) writes of the “boys club mentality” in rural communities where the networks between police members, the offender’s families, and the offender himself often coincide, which makes victims wary of coming forward. Victims may also be

forced to contemplate giving their statement to a police member that they themselves know.

Nicholson's research (1998) also noted the extent to which police, particularly general duties members, were inadequately trained for responding to sexual assault. For example, some members lacked awareness of the services that were available for supporting victims in their region.

While most of the services surveyed by ACSSA acknowledged there were now formal protocols or arrangements in place to coordinate the police response with specialist sexual assault services providing counselling support, there were still problems with compliance:

“There are formal protocols but they are rarely followed. Some police officers are very good at following them, but they are few. Mandatory reporting is rarely followed through, and the follow-up to reports that are made is, in my opinion, negligent.”

“The issues of the police seem to be the same in that the uniform officers can undermine the experience of the victim and do not take them seriously . . . There is also little support from police if a survivor has reported and is being harassed by the perpetrator, his friends or family.”

“It is hard to get police officers, in particular the uniformed officers, to take reports seriously. There can be a prejudice toward the victim. There is also the issue of police officers knowing the alleged perpetrator socially.”

Other services spoke about the more systemic difficulties of victim/survivors accessing a legal system that remained largely unresponsive to changing the processes and procedures that continued to re-victimise them, especially when it came to their giving evidence in court. These were significantly compounded for Indigenous victim/survivors who not only might face a “backlash for reporting” in the first place by members of their community, but are also subject to the difficulties faced by “all Aboriginal people in accessing a legal system that arises from language, culture, history of contact with ‘white’ systems, etc”.

Projects that have been more successful in working together with Aboriginal women and communities in trying to address the safety of women experiencing family (and often sexual) violence have tended to start with an understanding of the historical alienation of Indigenous people to non-Indigenous processes and agents of law. The cross-border project in the Pitjantjatjara region in north western South Australia supports Aboriginal women “to negotiate a safer life”, by providing support for them to lay charges, to better liaise with police, and by providing court support (Partnerships Against Domestic Violence Projects, Case Study 4). However, the project's success has been assisted by police in three different regions (Western Australia, Northern Territory and South Australia) agreeing to cross-border protocols. The police members involved in the project have also been committed to meeting monthly to share information about how they have responded to domestic and family violence reports.

With respect to the sexual violence being managed by rural and regional court-houses more broadly, services surveyed by ACSSA identified the continuing problem of low conviction rates. Jury members were said often to have some knowledge of the parties involved, or to have already been influenced by the town's “grapevine” which invariably seemed to apportion blame to the victim and not the offender.

The make-up of juries was also identified as highly problematic:

“It is very hard to get a conviction, even when the evidence is overwhelming. At the risk of making an un-politically correct statement, we have few professional people to draw on for jury duty and those who are called are usually exempted. This means there is an imbalance in juries . . . who find it difficult to understand much of the process, let alone the evidence in the way it is presented, and rely on their feelings to guide them. Even if they believe sexual activity took place . . . they disregard the age of the victim and bring in a verdict of ‘not guilty’ to all charges. We have had in the last year two occasions when a Judge wanted to berate the jury for getting it wrong and made this fact very clear to the accused.”

Another worker positioned these problems within a context of a general rural conservatism:

“There is still the traditional conservatism associated with rural communities, despite the great influx of others . . . and there is a generally held view that this is reflected in our local juries.”

Issues faced by rural service providers

“We are under-staffed and under-funded to do the work we could be doing. We could be doing so much preventative work within the schools, such as helping adolescents understand how not to be a perpetrator. We could do more work with the police around how to handle a sexual assault situation and challenge some of the myths they carry around with them in their work.”

While the issues that impact on our understanding and treatment of sexual assault often crosses the rural/urban divide, when it comes to issues of service development and delivery, there are certain factors that clearly affect rural service providers in ways not experienced by their urban counterparts.^{ix} Jacinta Ermacora (1998: 38-42) succinctly locates the problems as falling into two main categories – rural services cost more to provide, and practice relationships are more complex and demanding.

How does the cost of providing rural services and issues surrounding delivery impact on workers in rural communities?

Cost of rural services

Put simply, running a rural sexual assault service is expensive, and entails costs that are not generally encountered in a metropolitan context. Geographical distance, for example, imposes additional expenses: travelling to provide outreach services is costly both in staff time and practical outlays like transport.

As one worker commented:

“The difficulties are based in the remote and isolated nature of the area. The number of hours available for face-to-face contact is reduced by the number of hours spent travelling to different locations.”

The isolation that rural services often experience has a financial impact also - sustaining networks by attending meetings, training workshops or conferences, is far more costly for rural services. The cost of developing and maintaining a high

quality, experienced staff, and ensuring opportunities for professional development is also greater than in metropolitan areas:

“Recruitment of staff can be difficult, especially as the health facility sets pay rates below that of the industry. Recruitment of staff in rural areas will probably always be problematic, although we have done reasonably well in the retention of staff.”

“We are facing additional demands through providing ‘out-of-area’ services to [place omitted]. There is a service based at [place omitted], however both positions have been vacant for over two years because of an inability to recruit to both positions despite many attempts to do so.”

Ermacora (1998) suggests that while services in very isolated communities may have the financial burdens associated with geographical distance acknowledged in their funding arrangements, rural and regional areas are often expected to provide direct service outcomes comparable to metropolitan services without additional funding:

“Our agency does not seem to have the resources that are given to metropolitan services and yet there is the issue of outreach. The population might be less but accessing services is very difficult. This impacts on the number of staff we can employ and the time given to each of our functions. The need to prioritise means that some areas of service delivery are not delivered as frequently as we would like. We are constantly in awe of what other [services] are able to do.”

“Generally there is, of course, a huge pressure on resources because of increasing demand. Over time we have had to progressively reduce our level of service to all clients and provide minimal services to some, whilst still trying to prioritise services to children. This is not just a rural issue but I think there are other demands on rural services – travel, having to provide services ‘creatively’ because of access issues etc.”

It also appears that the difficulties of coping with service demand over capacity had sometimes been anticipated by funding bodies, in that decisions were made early to confine the core work of services to victim/survivors of recent assault. That services lack the capacity to deliver counselling support to adult survivors of childhood sexual assault was identified as a significant tension by workers within the services and across the wider community:

“What are some of the most pressing issues? Meeting the needs of adults sexually abused as children. They are the lowest priority of [State] Health SAS [Sexual Assault Services] except where there are legal processes. But their needs are perhaps the most significant because of the long-term impacts of abuse where no early intervention occurred to interrupt that abuse.”

Many services also wrote of their frustrations at being unable to work effectively with children and adolescents in ways that could facilitate early intervention for both victims and young offenders.

Practice relationships

The role of counsellor/advocates within the rural therapeutic and community environment is a complex and often difficult one. Issues of confidentiality and vicarious trauma are more marked in a rural context, where the worker may encounter both victims and perpetrators in public places and at social events. It

is more difficult for rural workers to set clear boundaries between their work and their personal lives.

This issue was powerfully expressed by services in the ACSSA survey:

“We think there are particular issues faced by workers in rural communities when you are providing sexual assault services in a community where you both live and work. There is no ‘escape’ and not everyone can tolerate the particular demands it brings and the blurring of boundaries that is often present between the professional and the personal life. Sexual Assault Workers have a very different view of their communities and can feel very burdened by the knowledge they hold. They experience ‘another world’ because of that knowledge and have to move between the two with scrupulous care to maintain confidentiality.”

In the survey responses, workers also described how they were sometimes personally targeted by members of the community who saw them as inflating the prevalence, nature and/or impact of sexual assault. One worker reported being subject to abuse in the street after commenting to a local newspaper editor about a case of mandatory reporting. Another felt highly visible as a result of her presence as a court support worker in a trial that had captured the town’s and the media’s attention. Services described how distressing this was for individual workers who were always “on” in terms of having to defend themselves and the work they do:

“It is also extremely hard for workers in a rural area as it is known where you work so you are constantly asked about matters that happen or you are a more ready target for a perpetrator to access if the perpetrator wants to target someone.”

Lievore (2003) has also suggested that as there are often less service options available for clients, there is increased pressure on workers to provide services and for organisations to meet demand regardless of capacity and the cost to themselves.

One service in the ACSSA survey commented on the level of investment that rural workers feel:

“The services provided are more personalised due to the size of the community. By this I mean that workers are more likely to give 110 per cent of their time and energy because they are likely to see the client in the local community outside of work. Due to the size of the community it is important for workers to establish a good reputation for themselves as people are more likely to talk in small communities.”

Feminist practice in a rural context

It has been suggested that rural workers are at greater risk of isolation and burnout from promoting a service framework that is feminist in its philosophy and approach. La Nauze and Rutherford (1997) stress the vital importance of retaining a feminist analysis when working in the violence against women field in a rural setting. However, they also acknowledge that ‘in rural areas it is common to meet ambivalence and hostility to feminism’ from the surrounding community (1997: 20). They conclude somewhat rhetorically by suggesting that ‘the questions of whether and how to identify publicly with feminism per se are perhaps strategic questions to which there is no single response’.

Two respondents to the survey noted the many opportunities for workers in metropolitan areas to engage in feminist activism (such as forums, meetings and activities like “Reclaim the Night” marches) in contrast to their own contexts where a public show of feminist solidarity and shared purpose could potentially be met with community contempt. Workers also spoke of the added complexities of needing to develop strong working relationships with actors in the local area, some of whom may be conservative or explicitly anti-feminist. Overall, workers felt it important to recognise that feminist practice had to be “done differently” sometimes in rural contexts.

Lone workers and other health or welfare workers

The difficulties faced by sexual assault workers in rural areas are magnified tenfold for lone workers in very remote communities. When asked what aspects of her service she would change if possible, a lone worker in central Australia responded simply:

“Employ another worker – a sole practitioner position which is supposed to service central Australia and provide supervision to [place omitted] is too much.”

In areas where there is no specialist sexual assault service or outreach worker, other health and welfare professionals are inevitably called upon to respond to sexual assault disclosures. It is essential that these workers be adequately trained, resourced and supported. It is unclear to what extent health and welfare workers are able to provide an appropriate response and ongoing support to sexual assault victims.

Differences in degree . . . or kind?

Over a decade ago, Karen Baxter (1992) warned us against thinking the rural–urban divide in the context of sexual assault could simply be reduced to one of population size. Instead she urged a more sophisticated approach that took account of the combined “effect of geography, the characteristics of the people in rural areas and the characteristics of service providers as central themes [for] understanding rural communities” (1992: 175).

There seems little doubt that many of the difficulties faced by victim/survivors and services in rural contexts differ in degree, not kind, when compared to their urban counterparts.

Services across the country express similar levels of frustration in terms of their incapacity to meet demand; their need to focus on crisis care as distinct from longer-term support to adult survivors; and the pressure to confine their service-scope to that of dealing with the effects of sexual assault as distinct from harnessing their expertise for prevention.

However, responding to issues of isolation, rural conservatism, and the denial of sexual assault within rural communities remains distinct. Rural women undoubtedly suffer the impact of sexual assault in ways that uniquely compromise their capacity to remain anonymous, their right to access culturally appropriate services, and their rights to seek a police and/or a legal response. The nominal provision of specialist services that can assist Indigenous survivors and women from culturally diverse communities also continues to be reflected in how few women will consider accessing mainstream service support.

While the solutions to these problems involve change that is both systemic and cultural, the more immediate concerns of being able to document reliably the experiences of rural victim/survivors should remain a priority. It is critical in this context also to give priority to methodologies that will respect more culturally appropriate ways of recording the experiences of Aboriginal women and women from culturally diverse and non-English-speaking backgrounds. The Personal Safety Survey, scheduled for 2005 to replicate the Women's Safety Survey of 1996, aims to more reliably account for women's experiences of physical and sexual violence in both urban and rural contexts.

Information on how rural women might differ from their urban sisters in making decisions to report to police and to seek assistance from support services, health practitioners and the courts will contribute to an important evidence base for service-providers to lobby policy-makers in the future.

Endnotes

- 1 ACSSA surveys were distributed to three services within each state and territory. Broadly, the surveys covered issues such as: the history and philosophy underpinning service frameworks; current issues relevant to sexual assault and service delivery; and the challenges associated with providing services to victim/survivors in rural communities. Surveys were generally returned from at least two of the three services approached. These ranged from specialist sexual assault services to service providers working within community health, women's health or hospital based services. ACSSA is enormously indebted to those services who participated in the research – our sincere thanks to them for their efforts in so thoughtfully reflecting on the diverse range of service issues they currently face.
- 2 ACSSA provided assurances of confidentiality in relation to attributing individual comments to services that participated. In broad terms, the services included four regional centres with population sizes in excess of 40,000 people; five regional service centres with populations between 18,000 and 30,000; and five towns or rural communities ranging from between 3,500 to 13,900 people.
- 3 See, for example, Jodie Sloane's overview of the South Australian project "The Way It Is" (Sloane 1998).
- 4 Weeks noted how employing Aboriginal workers in dedicated positions within sexual assault services usually resulted in an increase of Indigenous women accessing the service. This was also the case for women from culturally diverse backgrounds. More sustained efforts to changing the service structure tended to be multi-faceted – such as employing bi- or multi-lingual workers, developing information in a range of language groups and collaborative projects being undertaken with other community organisations that had pre-established relationships with immigrant or refugee women.
- 5 Babacan cites research by Gray et al. (1991) that suggests patterns of immigration to rural areas largely fall under three categories: family reunion, refugee and humanitarian programs and employer nominations (1999: 237).
- 6 Other limitations of the Women's Safety Survey are detailed in ACSSA Issues Paper 1, *Just Keeping the Peace: A Reluctance to Respond to Male Partner Sexual Violence* (Heenan 2004). However, it is particularly important to note how the survey methodology was more likely to draw participation from English-speaking, non-Indigenous women who were living in a private residence.
- 7 While the *Crime and Safety Survey 2002* (ABS 2003) suggests little difference in sexual assault victimisation rates between capital cities and non-metropolitan areas, the broad categories limit the extent to which these figures are likely to reflect real incidence. The methodological approach of using postal surveys to collect the information might also impact on women's willingness to disclose sexual violence.
- 8 It is important to note that many other services that exist in rural communities are still unable to offer victims of recent sexual assault a face-to-face crisis service after hours.

9 Moreover, services are funded very differently across the various states and territories. In 2002, Wendy Weeks (2002: 7) identified 120 services providing specialist responses to sexual violence. Most of these were stand-alone services or auspiced by a non-government organisation. Other services were provided by individual workers within another organisation, such as a community health centre or hospital based service. Government-operated services made up the remainder of the service types.

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